

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO 479)**

SERIAL NO  
**10704109**  
APPLICANT(S)

FILING DATE

**CLAIMS**

	AS FILED		AFTER INDEPENDENT		AFTER DEPENDENT	
	NO.	OFF.	NO.	OFF.	NO.	OFF.
1			1			
2				1		
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TOTAL OFF.						
TOTAL						

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